

Outpatient Agency Forensic Data Report

Facility: _____ Facility Code: _____

Medical Record # (if applicable)

(PLEASE PRINT)

Defendant's Last Name

First Name

MI

Soc. Sec. # --

Date of Birth: //
mm / dd / yr

Age:

☐ Race: 1=White/Caucasian 2=African-American 3=American Indian
4=Alaskan Native 5=Asian 6=Other _____

Sex: Male ☐ Female ☐

☐ Marital Status 1=Single 2=Married 3=Re-Married. 4=Separated
5=Divorced 6=Widowed 7=Unknown

Veteran ☐ Yes ☐ No

Education: _____ Highest Grade Completed

☐ Diploma ☐ GED ☐ Degree

☐ Court: 1=Criminal 2=Circuit
3=General Sessions 4=Other _____

Defendant's Location: ☐ Jail
☐ On Bond
☐ DOC

☐ Nature of Crime: 1=Capital 2=Violent Felony 3=Violent Felony: Sex Offense
4=Non-violent Felony 5=Misdeamonor 6=Status Offense

Specify Charge(s): _____

Date of Alleged Crime: //
mm / dd / yr

County: _____

Docket/Booking # _____

Judge: _____

Prosecutor: _____

Defense Attorney: _____

Defendant's Last Name

First Name

MI

Soc. Sec. # --**Request:** (circle all that apply)

1=Competency Only

2=Insanity Only

3=Both

4=Competency training X 1

5=Competency training X 2

6=Competency training X 3

7=Competency training X 4

8A=DOC eval. C or I

8B=DOC eval. both C and I

9=Additional MH Evaluation

PS=Physician Services

T=Testimony after DOC eval.

 / /

mm / dd / yr

Date Court Order Received or Date Training Initiated

 / /

mm / dd / yr

Date(s) of Evaluation
or Training**Type of Service:**☐ Comprehensive Center ☐ Screening Center / /

mm / dd / yr

Date of Letter to Court

 # of Days to Complete Evaluation

Name(s) of Evaluator(s): 1. _____ 3. _____

2. _____ 4. _____

The reason, if applicable, the evaluation took longer than 30 working days to complete (from the date the court order was received to the date the letter was mailed to the court): _____

Previous Evaluation: Yes ☐ No ☐ If Yes, Date of Previous Evaluation: / /

mm / dd / yr

Specify Previous Charge(s): _____

-----RECOMMENDATIONS-----

Competent: ☐ 1=Yes, no follow-up
2=Yes with follow-up
3=Deferred, client referred for further evaluation
4=N/A, charges dropped

5=N/A

6=No

7=Providing competency training

8=Other (specify) _____

9=Evaluation results pending

Insanity Defense Supported: Yes ☐ No ☐ N/A ☐ Deferred, referred for further evaluation ☐**Referred:** ☐ YES RMHI/MH facility ☐ MR facility ☐ FSP ☐ Why? _____
☐ NO N/A ☐**Pre-Admission Contact if Referral Made:** Yes ☐ No ☐ N/A ☐Was this case discussed with a Forensic Specialist in MHDD Central Office? Yes ☐ No ☐ N/A ☐

Details: _____